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Fill in this information to iden	tify your case:		
United States Bankruptcy Coun	for the:	RILED	
Northern District of Illinois		UNITED STATES BANKRUPTCY COURT	
		NORTHERN DISTRICT OF ILLINOIS	
Case number (If known):	Chapter you are filing under:	MAR 1.4 2017	
	Chapter 7	cod da. 0 2	
	Chapter 12 Chapter 13	JEFFREY P. ALLSTEADY ! OHFRE	,
	Chapter 13	amended filing	•
Official Form 101			
Voluntary Pet	ition for Individuals Fili	ng for Bankruptcy	12/15
Debtor 2 to distinguish between same person must be Debtor 1 Be as complete and accurate as	s possible. If two married people are filing together, bo seded, attach a separate sheet to this form. On the top	information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . oth are equally responsible for supplying correct	The
Part 13 Identify Yourself			
Part 4: Identify Yourself	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case	
Part 1: Identify Yourself 1. Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case	e):
Your full name Write the name that is on your		About Debtor 2 (Spouse Only in a Joint Case	
Your full name Write the name that is on your government-issued picture		About Debtor 2 (Spouse Only in a Joint Case	•):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or	Rhyan First name Davon	·	∍} :
1. Your full name Write the name that is on your government-issued picture identification (for example,	Rhyan First name Davon Middle name	·	→):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	Rhyan First name Davon Middle name Willis	First name Middle name):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Rhyan First name Davon Middle name	First name	e):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	Rhyan First name Davon Middle name Willis	First name Middle name	e):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Rhyan First name Davon Middle name Willis Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name	9):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Rhyan First name Davon Middle name Willis Last name	First name Middle name Last name	a);
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8	Rhyan First name Davon Middle name Willis Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)	e);
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Rhyan First name Davon Middle name Willis Last name Suffix (Sr., Jr., II, III) Same-as-above First name	First name Middle name Last name Suffix (Sr., Jr., II, III)	e):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Rhyan First name Davon Middle name Willis Last name Suffix (Sr., Jr., II, III) Same-as-above First name Middle name	First name Middle name Last name Suffix (Sr., Jr., II, III) First name Middle name	9);
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Rhyan First name Davon Middle name Willis Last name Suffix (Sr., Jr., II, III) Same-as-above First name Middle name Last name	First name Middle name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name	9);

(ITIN)

3. Only the last 4 digits of

your Social Security

Individual Taxpayer

Identification number

number or federal

 $xxx - xx - \underline{6} \underline{2} \underline{4} \underline{5}$

OR

9 xx - xx -

XXX - XX - _____

9 xx - xx -____

OR

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Debtor 1	Rhyan D.	Willis Name Last Name	Additional and the contract of	Case number (if known)	Militaria de Maria d
		About Debtor 1:		About Debtor 2 (Spouse Only in a Jo	int Case):
and Ide	y business names d Employer ntification Numbers N) you have used in	I have not used any bu	siness names or EINs.	☐ I have not used any business name	s or EINs.
the	last 8 years	Business name		Business name	
	ude trade names and ng business as names	Business name		Business name	·
		EIN	THE PARTIES AND ADDRESS SECTION	EIN	<u></u>
		EIN		EIN	***
5. Wh	ere you live	erenamengalerenakera, a seria a seria, malajura (seria) erenakera (seria).	eter e erreik genera, die ekstelegen en een eeu en geveel de een en en een eeu e	If Debtor 2 lives at a different address	
		2544 Waterbury Drive Number Street	e, Apt 1506	Number Street	The straightforward and the straightforwards a
		Woodridge City	IL 60517 State ZIP Code	City State	710 0
		DuPage	State Zir Code	City State	ZIP Code
		County		County	······································
		If your mailing address is above, fill it in here. Note any notices to you at this m	that the court will send	If Debtor 2's mailing address is differ yours, fill it in here. Note that the court any notices to this mailing address.	
		Number Street		Number Street	
		P.O. Box		P.O. Box	
		City	State ZIP Code	City State	ZIP Code
6. Why y	y you are choosing	Check one:		Check one:	a a como de acesa de la como
	kruptcy	Over the last 180 days to I have lived in this distri- other district.	before filing this petition, ct longer than in any	Over the last 180 days before filing the last lived in this district longer than other district.	nis petition, n in any
		I have another reason. I (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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D	ebtor 1	Rhyan First Name	D.	ne .	Wil Last Name				Case number (#	known)	
						-					
į.	art 2:	Tell the Cou	rt Abou	it Your E	Bankruj	ptcy Case					
7.	Bankru	apter of the ptcy Code y		Check of	one. (For kruptcy (l	a brief descript Form 2010)). Al	tion of each, s lso, go to the t	ee <i>Noti</i> op of p	ice Required by 11 age 1 and check t	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.	
	are cho under	osing to file	•	for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. 2 Chapter 7							
				☐ Cha	pter 11						
				☐ Cha	pter 12						
				☐ Cha	pter 13						
8.	How yo	ou will pay th	e fee	loca youi subi	I court f self, yo nitting y	for more detail u may pay wit	ls about how th cash, cast on your beh	you nier's d	nay pay. Typical check, or money	eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check	
				☐ I ne	ed to pa	ay the fee in i for Individuals	installments to Pay The	s. If yo <i>Filing</i>	u choose this op Fee in Installme	otion, sign and attach the ents (Official Form 103A).	
				By la less pay	aw, a ju than 15 the fee	dge may, but i 50% of the offici in installments	is not require icial poverty i s). If you cho	ed to, the solution in the sol	waive your fee, a at applies to you iis option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is ar family size and you are unable to just fill out the Application to Have the with your petition.	
9.		ou filed for otcy within the	ha	☑ No							
	last 8 ye		ic	Yes.	District			When	MM / DD / YYYY	Case number	-
					District			When			
					District				MM / DD / YYYY		-
					District			When	MM / DD / YYYY	Case number	•
10.		bankruptcy		☑ No							
		ending or be a spouse wh		Yes.	Debtor	*****				Relationship to you	
	you, or i	g this case v by a busines or by an }						When		Case number, if known	
					Debtor	****				Relationship to you	
					District .			When	MM / DD / YYYY	Case number, if known	
11.	Do you residence	rent your ce?			Go to lir Has you residend	ır landlord obtai	ined an evictio	n judgi	ment against you a	and do you want to stay in your	
						Go to line 12.					
						. Fill out <i>Initial S</i> bankruptcy petii		ut an E	Eviction Judgment	Against You (Form 101A) and file it with	

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Det	otor 1 Rh	yan ne Mi	D.	***************************************	Willis Last Name		Case	number (if knov	vn)	
Pa	ritiis Report	t About A	Any Bu	sines	ses You Own as a S	Sole Proprie	tor			
12.	Are you a sol of any full- or			🛭 No.	Go to Part 4.					
	business?	•	ie	Yes.	Name and location of	business				
	A sole proprieto business you op individual, and is separate legal e a corporation, pa	perate as a s not a entity such	as		Name of business, if any			T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1-14-7-7-14-14-14-1	
	LLC. If you have more	·			Number Street					
	sole proprietors	hip, use a								
	to this petition.				City			State	ZIP Code	1
					Check the appropriate	hay to descri	ha vour hueinaee			
					☐ Health Care Busin					
					☐ Single Asset Real				ı)	
					Stockbroker (as de				′′	
					☐ Commodity Broker					
					None of the above	`		(-//		
; ; ;	Chapter 11 of Bankruptcy Care you a smadebtor? For a definition obusiness debtor, 11 U.S.C. § 1016	ode and all busine of small see	ess ^a	nost rec any of th No.	appropriate deadlines. I sent balance sheet, staf sese documents do not I am not filing under Ch I am filing under Chapt	ement of oper exist, follow the napter 11.	ations, cash-flow ne procedure in 1	statement, 1 U.S.C. § 1	and federal in 1116(1)(B).	come tax return or if
	7 0.0.0. 3 10 1	, υ τ ι ι υ γ.	C	Yes.	the Bankruptcy Code. I am filing under Chapt	er 11 and i an	n a small busines	s debtor ac	cording to the	definition in the
					Bankruptcy Code.				-	
Par	Report	if You O	wn or	Have /	Any Hazardous Pro	perty or An	y Property Th	at Needs	mmediate .	Attention
	o you own o			D No						
	property that pulleged to pos			☐ Yes.	What is the hazard?					
i p	of imminent ar dentifiable ha oublic health o Or do you own	nd zard to or safety' n any	-							
	roperty that r mmediate atte				If immediate attention	is needed, wh	y is it needed?_			
p t/	for example, do y erishable goods hat must be fed, hat needs urgeni	, or livesto or a buildii				****			Alexandra Additional	
					Where is the property	? Number	Street			
						A:				
						City			State	ZIP Code

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Debtor 1

Rhyan D. Willis

Case number (if known)_____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

	Α	boi	ıt	De	btor	1:
--	---	-----	----	----	------	----

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	bout
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not required	to	receive	a	briefing	about
cred	lit counseling	b	ecause d	of:	:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-07938 Doc 1 Filed 03/14/17 Entered 03/14/17 15:39:23 Desc Main Document Page 6 of 48

Debtor 1	Rhyan First Name	D. Middle Name	Willis Last Name	Case number (if kn	OWn)
Part 6:	Ancina Theo	- O	tana san Banantina Bura		
Fail 0:	Answer Thes		tions for Reporting Purpo		
	t kind of debts o	ło	16a. Are your debts prima as "incurred by an individ	arily consumer debts? Consumer debt ual primarily for a personal, family, or hou	ots are defined in 11 U.S.C. § 101(8) sehold purpose."
•			No. Go to line 16b. Yes. Go to line 17.		
			16b. Are your debts prima money for a business or i	arily business debts? Business debts nvestment or through the operation of the	are debts that you incurred to obtain business or investment.
			No. Go to line 16c. Yes. Go to line 17.		
			16c. State the type of debts yo	ou owe that are not consumer debts or bus	siness debts.
	ou filing under ter 7?		No. I am not filing under C	Chapter 7. Go to line 18.	
any e	ou estimate that exempt property	after is	Yes. I am filing under Chap administrative expens	nter 7. Do you estimate that after any exen ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
excluded and administrative expenses	eae	₩ No			
are pa availa	aid that funds wable for distribusecured credito	/ill be tion	☐ Yes		
18. How many creditors do			⊿ 1-49	1,000-5,000	2 5,001-50,000
you e owe?	stimate that yo		50-99	5,001-10,000	5 0,001-100,000
OWE			☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000
19. How 1	much do you		☑ \$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion
estim	ate your assets	to (\$50,001-\$100,000	☐ \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
be wo	ortnγ		\$100,001-\$500,000	S50,000,001-\$100 million	\$10,000,000,001-\$50 billion
			\$500,001-\$1 million	□ \$100,000,001-\$500 million	More than \$50 billion
	nuch do you		2 \$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
to be	ate your liabiliti ?	-	□ \$50,001-\$100,000 □ \$100,001-\$500,000	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million	\$1,000,000,001-\$10 billion
			■ \$100,001-\$300,000 ■ \$500,001-\$1 million	\$100,000,001-\$100 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
Part 7:	Sign Below				The first that the same of the
For you			have examined this petition, a correct.	nd I declare under penalty of perjury that	the information provided is true and
		C	f I have chosen to file under Cł if title 11, United States Code. inder Chapter 7.	napter 7, I am aware that I may proceed, i I understand the relief available under ear	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		i: ti	f no attorney represents me an his document, I have obtained	nd I did not pay or agree to pay someone vand read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).
		ŀ	request relief in accordance w	ith the chapter of title 11, United States C	ode, specified in this petition.
		٧	understand making a false sta vith a bankruptcy case can resi 8 U.S.C. §§ 152, 1341, 1519,	stement, concealing property, or obtaining ult in fines up to \$250,000, or imprisonme and 3571.	money or property by fraud in connection nt for up to 20 years, or both.
			* Bhyin Vlh	*	
			Signature of Debtor 1	Signature	of Debtor 2
			Executed on	Executed	on
			ו טט ו מווא	1111	MM / DD /YYYY

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Debtor 1	Rhyan	D.	Willis	Case number (if known)					
	First Name	Middle Name	Łast Name						
bankruptc attorney If you are an attorne	you are filing y without an represented y, you do no e this page.	by	should understand that ma themselves successfully. I consequences, you are str To be successful, you must co	dividual, to represent yourself in bankruptcy court, but you may people find it extremely difficult to represent secause bankruptcy has long-term financial and legal ongly urged to hire a qualified attorney. Trectly file and handle your bankruptcy case. The rules are very action may affect your rights. For example, your case may be					
nood to m	ano pugo.		dismissed because you did no hearing, or cooperate with the firm if your case is selected for	t file a required document, pay a fee on time, attend a meeting or court, case trustee, U.S. trustee, bankruptcy administrator, or audit audit. If that happens, you could lose your right to file another ons, including the benefit of the automatic stay.					
			court. Even if you plan to pay a in your schedules. If you do not properly or properly claim it as also deny you a discharge of a case, such as destroying or hicases are randomly audited to	and debts in the schedules that you are required to file with the a particular debt outside of your bankruptcy, you must list that debt of list a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge can all your debts if you do something dishonest in your bankruptcy ding property, falsifying records, or lying. Individual bankruptcy determine if debtors have been accurate, truthful, and complete.					
			Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.						
			Are you aware that filing for baconsequences?	nkruptcy is a serious action with long-term financial and legal					
			☐ No ☑ Yes						
			Are you aware that bankrupton inaccurate or incomplete, you	r fraud is a serious crime and that if your bankruptcy forms are could be fined or imprisoned?					
			☐ No ☑ Yes						
			Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No Yes, Name of Person Tania Stoxstell						
			Attach Bankruptcy Peti	tion Preparer's Notice, Declaration, and Signature (Official Form 119).					
			have read and understood this	e that I understand the risks involved in filing without an attorney. I s notice, and I am aware that filing a bankruptcy case without an e my rights or property if I do not properly handle the case.					
		×	Ruger Wills	*					
			Signature/of Debtor 1 Date	Signature of Debtor 2 Date					
			MM / DD / YYYY	MM / DD /YYYY					
			Contact phone	Ceil phone					
			Oct priorie	The state of the s					

Email address

Email address

e.

Debtor 1	First Name	U. Middle Name	Document -	Page 8 of 4	48	
Debtor 2		· · · · · · · · · · · · · · · · · · ·	Eggt MBMc			
	filing) First Name ates Bankruptcy Court for the:	Middle Name Northern District of	Last Name			
Case num	• •	Northorn District Of	11111013	****		Check if this is a
	(If known)					amended filing
Officia	al Form 106Sun	n				
Sumn	nary of Your As	 ssets and L	iabilities a	nd Certair	n Statistical Inf	formation 12/15
Be as con	nplete and accurate as p	ossible. If two marr nedules first; then o	ried people are filin complete the infor	ng together, both mation on this for	are equally responsible f	
Part 1:	Summarize Your Ass	ets				
						Your assets
i. Schedu	ule A/B: Property (Official F	orm 106A/B)				Value of what you own
1a. Cor	by line 55, Total real estate	, from Schedule A/E	3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s <u>0.00</u>
1b. Cop	by line 62, Total personal p	roperty, from Sched	lule A/B	*******************************	***************************************	\$ 1,500.00
		erty on <i>Schedule A/E</i>	3			\$1,500.00
tc. Cop	by line 63, Total of all prope		3			\$1,500.00
			3			s 1,500.00
tc. Cop	by line 63, Total of all prope		3			Your liabilities
1c. Cop	oy line 63, Total of all prope Summarize Your Lial	bilities				\$
1c. Cop	Summarize Your Lial	bilities Claims Secured by I	<i>Property</i> (Official Fo	orm 106D)	Part 1 of Schedule D	Your liabilities Amount you owe
1c. Cop Part 2t. 2. Schedu 2a. Cop	Summarize Your Lial Sum Lial Summarize Your Lial	claims Secured by I lumn A, Amount of c	<i>Property</i> (Official Fo <i>claim,</i> at the bottom s (Official Form 106)	orm 106D) of the last page of E/F)		Your liabilities Amount you owe \$ 0.00
2. Schedu 2a. Cop 3a. Cop	Summarize Your Lial Sum Lial Summarize Your Lial	Claims Secured by I lumn A, Amount of c re Unsecured Claims t 1 (priority unsecure	Property (Official Fo Claim, at the bottom of (Official Form 106) and claims) from line	orm 106D) of the last page of E/F) 6e of Schedule E/	Part 1 of Schedule D	Your liabilities Amount you owe \$ 0.00
2. Schedu 2a. Cop 3a. Cop	Summarize Your Lial Sum Lial Summarize Your Lial	Claims Secured by I lumn A, Amount of c re Unsecured Claims t 1 (priority unsecure	Property (Official Fo Claim, at the bottom of (Official Form 106) and claims) from line	orm 106D) of the last page of E/F) 6e of Schedule E/	Part 1 of Schedule D	Your liabilities Amount you owe \$ 0.00 \$ 0.00 4 \$ 18,019.00
2. Schedu 2a. Cop 3a. Cop	Summarize Your Lial Sum Lial Summarize Your Lial	Claims Secured by I lumn A, Amount of c re Unsecured Claims t 1 (priority unsecure	Property (Official Fo Claim, at the bottom of (Official Form 106) and claims) from line	orm 106D) of the last page of E/F) 6e of Schedule E/	Part 1 of Schedule D	Your liabilities Amount you owe \$ 0.00 \$ 0.00 4 \$ 18,019.00
2. Schedu 2a. Cop 3a. Cop 3b. Cop	Summarize Your Lial Sum Lial Summarize Your Lial	Claims Secured by a lumn A, Amount of control of the Unsecured Claims to 1 (priority unsecured to 2 (nonpriority u	Property (Official Focalim, at the bottom of the second se	orm 106D) of the last page of E/F) 6e of Schedule E/	Part 1 of Schedule D	Your liabilities Amount you owe \$ 0.00 \$ 0.00 4 \$ 18,019.00
2. Schedu 2a. Cop 3b. Cop	Summarize Your Lial The D: Creditors Who Have by the total you listed in Co The E/F: Creditors Who Have by the total claims from Par	Claims Secured by Italians A, Amount of Claims The Unsecured Claims The	Property (Official Fo claim, at the bottom s (Official Form 106i ed claims) from line cured claims) from	orm 106D) of the last page of E/F) 6e of Schedule E/d line 6j of Schedule	Part 1 of Schedule D	Your liabilities Amount you owe \$ 0.00 \$ 0.00 \$ 18,019.00 \$ 18,019.00
2. Schedu 2a. Cop 3b. Cop 3c. Schedu Copy you	Summarize Your Lial The D: Creditors Who Have by the total you listed in Co The E/F: Creditors Who Have by the total claims from Par Summarize Your Income (Official Incompose to the Incomp	Claims Secured by Itumn A, Amount of a lumn A, Amount of a lumn A and Claims to 1 (priority unsecured Claims to 2 (nonpriority unsecured to 2	Property (Official Focalim, at the bottom of (Official Form 106) and claims) from line cured claims) from	orm 106D) of the last page of E/F) 6e of Schedule E/o	Part 1 of Schedule D F E/F Your total liabilities	Your liabilities Amount you owe \$ 0.00 \$ 0.00 \$ 18,019.00 \$ 18,019.00 \$ 1,624.00

Fill in this information to identify your case:

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De	ebtor 1	Ryhan First Name	Middle Name	D. Lest Name	Willis	Case number (if known)	
Đ	art 4:	Answer Th	ese Questic	ons for Adminis	trative and Stat	istical Records	
6,	Are you	ı filing for ba	nkruptcy und	ier Chapters 7, 11	, or 13?		
	☐ No. ☑ Yes		hing to report	on this part of the f	form. Check this bo	x and submit this form to the court with your	r other schedules.
7.	What ki	nd of debt do	you have?				
						ose "incurred by an individual primarily for a for statistical purposes. 28 U.S.C. § 159.	personal,
				consumer debts. Yother schedules.	You have nothing to	report on this part of the form. Check this b	pox and submit
8.					ne : Copy your total orm 122C-1 Line 14	current monthly income from Official	\$2,483.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$8
9d. Student loans. (Copy line 6f.)	\$\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total . Add lines 9a through 9f.	\$0.00

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Fill in thi	s information to identify	your case and this	filing:		
Debtor 1	Rhyan	D.	Willis		
Debtor 2		Middle Name	Last Name		
	iling) First Name tes Bankruptcy Court for the:	Middle Name Northern District of	Last Neme		
Case num		Norman Diamar of			
					Check if this is an amended filing
Offici	al Form 106A/	R			•

	edule A/B:	_	S. List an asset only once. If an asset fits in more		12/15
respons write you Paul 14	ible for supplying corre ur name and case numb Describe Each Resi	ct information. If mover (if known). Answ idence, Building,	Land, or Other Real Estate You Own or Ha	is form. On the top of a	th are equally any additional pages,
. •	u own or have any legal). Go to Part 2.	or equitable interes	st in any residence, building, land, or similar prop	епту ?	
	s. Where is the property?	•			
			What is the property? Check all that apply. Single-family home	Do not deduct secured cli- the amount of any secure	d claims on Schedule D:
1.1.	Street address, if available, or	or other description	Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Clair	
			☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
			Land Investment property	\$ 0.00	\$
	City	State ZIP Code	Timeshare	Describe the nature of interest (such as fee	
			Who has an interest in the property? Check one.	the entireties, or a lif	e estate), if known.
			Debtor 1 only		
	County		Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			☐ At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this it property identification number:		
If you	own or have more than or	ne, list here:	What is the meanagh? Check all that each		
			What is the property? Check all that apply. Single-family home	Do not deduct secured cli- the amount of any secure	d claims on Schedule D:
1.2.	Street address, if available,	or other description	Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Clair	TIS Secured by Property. Current value of the
			Manufactured or mobile home	entire property?	portion you own?
	C-Without College Coll		Land Investment property	\$	\$0.00
	City	State ZIP Code	Timeshare	Describe the nature of interest (such as fee	simple, tenancy by
			Who has an interest in the property? Check one.	the entireties, or a lif	e estate), it known.
			Debtor 1 only		
	County		Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	property
			Other information you wish to add about this ite property identification number:	m, such as local	

Official Form 106A/B Schedule A/B: Property page 1

ebtor 1	Rhyan D.	Document Page 11 of 48 Case number (#	f known)			
	First Name Middle Name Last Name					
1,3.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deducthe amount of Creditors Wh	of any secure no Have Clai	ed claims on ms Securea	Schedule D: by Property.
		Condominium or cooperative Manufactured or mobile home	entire prop			value of the you own?
		Land	\$	0.00	\$	0.0
		☐ Investment property				
	City State ZIP Code	Timeshare	Describe ti interest (su	uch as fee	simple, te	enancy by
		U Other	the entireti	ies, or a lif	e estate),	if known.
		Who has an interest in the property? Check one.				
	County	Debtor 1 only Debtor 2 only				
		Debtor 1 and Debtor 2 only	Check i	f this is co	mmunity	nronerty
		At least one of the debtors and another		tructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	property
		Other information you wish to add about this it property identification number:	em, such as lo	ocal		
Add t	he dollar value of the portion you own for a	Il of your entries from Part 1, including any entrie	e for nance			
		here		>	\$	0.0
you c	Describe Your Vehicles	st in any vehicles, whether they are registered or	not? Include a	ny vehicles	\$	***************************************
you o own Cars,	own, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts	not? Include a and Unexpired	ny vehicles I Leases.	\$	
you o own Cars,	own, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts	not? Include a and Unexpired	ny vehicles I Leases.	S	**************************************
you cown own Cars,	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles os	e, also report it on Schedule G: Executory Contracts , motorcycles	and Unexpired	l Leases.		
you cown own Cars, 21 No	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles ones Make:	e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one.	and Unexpired Do not deduct the amount of	Leases. I Leases. t secured cla	ims or exen	Schedule D:
you cown own Cars,	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes Make:	e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one. Debtor 1 only	and Unexpired Do not deduct	Leases. I Leases. t secured cla	ims or exen	Schedule D:
you cown own Cars, 21 No	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles ones Make:	e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct the amount of Creditors Who Current val	t secured cla i any secured o Have Clain ue of the	aims or exen d claims on ns Secured i Current	Schedule D: by Property. value of the
you cown own Cars,	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles oes Make:	e, also report it on Schedule G: Executory Contracts , motorcycles Who has an interest in the property? Check one. Debtor 1 only	Do not deduct the amount of Creditors Who	t secured cla i any secured o Have Clain ue of the	aims or exen d claims on ns Secured i Current	Schedule D: by Property.
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you cown Own Cars, Val No D Ye	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles on the second secon	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct the amount of Creditors Who Current valentire proper	t secured cla any secured of Have Clain ue of the arty?	ims or exend claims on as Secured a Current portion y	Schedule D: by Property. value of the you own?
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you cown. Cars, No. 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es. Make: Model: Year: Approximate mileage: Other information:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct the amount of Creditors Who entire proper	t secured clair any secured clair any secured clair ue of the erty?	tims or exend claims on secured if portion y	Schedule D: by Property. value of the you own? 0.00
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you common of own own of own of own	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es. Make: Model: Year: Approximate mileage: Other information: own or have more than one, describe here: Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct the amount of Creditors Who entire property and the amount of Creditors Who continues the amount of Creditors Who continues the entire property and the entire p	t secured claim ue of the arty? 0.00 secured claim any secured claim any secured claim any secured claim any secured charty?	ims or exend claims on a Secured if portion y	Schedule D: by Property. value of the you own? 0.00 apptions. Put Schedule D: by Property. value of the
Cars, No. 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles of es. Make: Model: Year: Approximate mileage: Other information: own or have more than one, describe here: Make: Model: Year: Approximate mileage: Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct the amount of Creditors Who entire property and the amount of Creditors Who control of Creditors Who Current value amount of Creditors Who Current value.	t secured clair any secured clair enty? 0.00 secured clair any secured clair enty?	ims or exent claims on y	Schedule D: by Property. value of the you own? 0.00 aptions. Put Schedule D: by Property. value of the

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Document Page 12 of 48 Rhyan Debtor 1 Case number (if known)_ Last Nam Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see 0.000.00 instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another 0.000.00 Check if this is community property (see instructions) Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 0.00 you have attached for Part 2. Write that number here

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Debtor 1

Rhyan First Name

D.

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Case number (# known)

Part 3a

Describe Your Personal and Household Items

Do	you own or have any legal or equitable interest in any of the following items?	Current val portion you Do not deduct or exemptions	own?
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe Household Furniture	\$	800.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	□ No	4	
	Yes. Describe Cell Phone & TV	S	200.00
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	☑ No	4.	
	Yes. Describe	\$	0.00
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No	**	
	Yes. Describe	: •	0.00
		Ψ	
10.	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
	2 No		
	Yes. Describe	· · •	0.00
		Ψ	
11.	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	Yes. Describe Clothing For Me and My Dependent	 	500.00
	· · · · · · · · · · · · · · · · · · ·	Ψ	
12	louredme		
	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	2 No		
	Yes. Describe	•	0.00
	the state of the s	Ψ	
	Non-farm animals Examples: Dogs, cats, birds, horses		
	☑ No		
	Yes. Describe	\$	0.00
14.4	Any other personal and household items you did not already list, including any health aids you did not list		
	2 No		
	Yes. Give specific		0.00
	information	\$	0.00
1 5	Add the dellar value of all of value entries from Dant 2 institutions are a		1
	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	<u>1,500.00</u>
	OF CALL OF THE GUIDE HOUSE HOUSE		

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Debtor 1

Rhyan	D	. Willis	Case number (#kagwa)
First Name	Middle Name	Last Name	

Do you own or have any	legal or equitable interest in	any of the following?	Current va portion you Do not deduc or exemption	u own? It secured claim
16. Cash				
Examples: Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your ${f p}$	petition	
☑ No				
Q Yes		Cash:	\$	0.00
17. Deposits of money Examples: Checking, s and other si	savings, or other financial accou imilar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokera ultiple accounts with the same institution, list each.	age houses,	
2 Yes		Institution name:		
	17.1. Checking account:	US Bank	\$	0.00
	17.2. Checking account:			0.00
	17.3. Savings account:		\$	0.00
	17.4. Savings account:		\$	0.00
	17.5. Certificates of deposit:		***************************************	0.00
	17.6. Other financial account:			0.00
	17.7. Other financial account:		•	0.00
	17.8. Other financial account:		* *************************************	0.00
	17.9. Other financial account:		· 	0.00
Examples: Bond funds,	or publicly traded stocks investment accounts with broken	erage firms, money market accounts		
☐ Yes	Institution or issuer name:			
	**************************************		\$	0.00
			\$	0.00
			\$	0.00
9. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, including an int	erest in	
2 No	Name of entity:	% of own	nership:	
Yes, Give specific information about	·	0%	% \$	0.00
them		0%	% \$	0.00
	4.0.	0%	% \$	0.00

Rhyan First Name

Debtor 1

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	•		ner negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money orders.		
	Non-negotiable instrume	ents are those you ca	innot transfer to someone by signing or delivering them.		
	2 No				
	Yes. Give specific	Issuer name:			
	information about them	www.us.aw.us.aw.ay.ay		\$	0.00
				\$	0.00
				\$	0.00
	Retirement or pension				
	_	RA, ERISA, Keogh, 4	101(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	No No				
	Yes. List each account separately.	Type of account:	Institution name:		
		401(k) or similar plan:		\$	0.00
		Pension plan:		\$	0.00
		,		¢	0.00
		IRA:		φ	0.00
		Retirement account:		S	0.00
		Keogh:		ъ <u></u>	0.00
		Additional account:		\$	
		Additional account:		\$	0.00
	Examples: Agreements companies, or others	l deposits you have r	made so that you may continue service or use from a company iid rent, public utilities (electric, gas, water), telecommunications		
	☑ No				
	Yes		stitution name or individual:		0.00
		Electric:	- In the International Control of the Interna	\$	0.00
		Gas:		\$	0.00
		-	ental unit:	\$	0.00
		Prepaid rent:		\$	0.00
		Telephone:		Φ	0.00
		Water:		Ф	
				Ψ	0.00
		Rented furniture:		\$	0.00
		Rented furniture: Other:		\$ \$	0.00
				\$ \$	0.00
23.	Annuities (A contract fo	Other:	of money to you, either for life or for a number of years)	\$ \$	0.00
	Annuities (A contract fo	Other:		\$ \$	0.00
	·	Other:	of money to you, either for life or for a number of years)	\$ \$	0.00
	☑ No	Other: r a periodic payment	of money to you, either for life or for a number of years)	\$\$	0.00
	☑ No	Other: r a periodic payment	of money to you, either for life or for a number of years)	\$ \$ \$	0.00

Entered 03/14/17 15:39:23 Desc Main Case 17-07938 Doc 1 Filed 03/14/17 Document Page 16 of 48 Rhyan Case number (if known) Debtor 1 24 Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 0.00 0.00 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit 🛭 No ☐ Yes. Give specific 0.00 information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **Ø** No Yes. Give specific 0.00 information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses MO No ☐ Yes. Give specific 0.00 information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Z No ☐ Yes. Give specific information 0.00 Federal about them, including whether 0.00 you already filed the returns State: and the tax years..... 0.00 Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... 0.00 Alimony: 0.00 Maintenance: 0.00 Support: 0.00 Divorce settlement: 0.00 Property settlement:

Z No

30. Other amounts someone owes you

Yes. Give specific information.....

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits; unpaid loans you made to someone else

0.00

Doc 1 Filed 03/14/17 Entered 03/14/17 15:39:23 Document Page 17 of 48 Rhyan Debtor 1 Case number (if known) First Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **1** No Yes. Name the insurance company Beneficiary: Company name: Surrender or refund value of each policy and list its value... 0.000.00 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. 2 No Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ZI No Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No Yes. Describe each claim. 0.00 35. Any financial assets you did not already list Z No Yes. Give specific information...... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned Yes. Describe...... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Yes. Describe

Z No

0.00

Document Page 18 of 48 Rhyan Debtor 1 Case number (if known)_ 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory M No ☐ Yes. Describe...... 0.00 42. Interests in partnerships or joint ventures M No Yes. Describe...... Name of entity: % of ownership: 0.00 _% 0.00 % 0.00 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes, Describe...... 0.00 44. Any business-related property you did not already list M No Yes. Give specific 0.00 information 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ₩ No ☐ Yes..... 0.00

Case 17-07938

Doc 1

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Entered 03/14/17 15:39:23 Case 17-07938 Doc 1 Filed 03/14/17 Page 19 of 48 Document Willis Case number (if known) Debtor 1 48. Crops-either growing or harvested Yes. Give specific 0.00 information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Z No ☐ Yes..... 0.00 50 Farm and fishing supplies, chemicals, and feed Z No ☐ Yes 0.00 51. Any farm- and commercial fishing-related property you did not already list Z No Yes. Give specific 0.00 information..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No 0.00 ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,500.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, line 36 0.00 59 Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 1,500.00 Copy personal property total → 1,500.00 62. Total personal property. Add lines 56 through 61. 1,500.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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Fil	II in this inf	ormation to	identify your case:			
De	ebtor 1	Rhyan First Name	D.	Willis Last Name	and the state of t	
	ebtor 2 couse, if filing)		Middle Name	Last Name	PROPERTY OF A PR	
			rt for the: Northern Distri			
	ese number known)					Check if this is an amended filing
Of	ficial F	orm 106	3C			
				perty You	Claim as Exemp	12/15
Usin spac	ig the prope se is neede	rty you listed	on <i>Schedule A/B: Prop</i> attach to this page as n	perty (Official Form 106	iogether, both are equally responsible for 6A/B) as your source, list the property tha Additional Page as necessary. On the top	t you claim as exempt. If more
spec of a retir limit	cific dollar ny applicat ement func ts the exen	amount as e ble statutory ds—may be a aption to a pa	xempt. Alternatively, limit. Some exemptio unlimited in dollar am	you may claim the functions—such as those for count. However, if you not and the value of the	amount of the exemption you claim. C ill fair market value of the property bein or health aids, rights to receive certain u claim an exemption of 100% of fair m e property is determined to exceed tha	ng exempted up to the amount benefits, and tax-exempt arket value under a law that
Pε	rt 1a Id	entify the I	Property You Claim	as Exempt		
	You are	e claiming sta e claiming fec	ite and federal nonbanl Jeral exemptions. 11 U	kruptcy exemptions. 1 I.S.C. § 522(b)(2)		
2.					npt, fill in the information below.	
		•	property and line on this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description	Hous	ehold	\$ 800.00	Ø \$ 800.00 ☐ 100% of fair market value, up to	735 iles 5/12-1001(b)
	Line from Schedule /	4/B: 6	-		any applicable statutory limit	
	Brief description	Electi	ronics	\$ 200.00	2 \$ 200.00 □ 100% of fair market value, up to	735 ilcs 5/12-1001(b)
	Line from Schedule A	4/B: <u>7</u>	•		any applicable statutory limit	
	Brief description Line from	.: Cloth	ing	\$ 500.00	Ø \$ 500.00 ☐ 100% of fair market value, up to	735 ilcs 5/12-1001(a)
	Schedule A	A/B: 11			any applicable statutory limit	
	(Subject to	adjustment o		years after that for cas	es filed on or after the date of adjustment	.)
	Yes. Di)	the property covered t	by the exemption within	n 1,215 days before you filed this case?	

Last Name

Document

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Debtor 1

Rhyan First Name

D.

Willis

Case number (if known)_

Part 2:

Additional Page

	on of the property and line l/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Checking Account	\$0.00	⊿ \$0.00	735 ilcs 5/12-1001(b)
Line from Schedule A/B:	17		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$\$ 100% of fair market value, up to	
Line from Schedule A/B:	·		any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:	Market-Artificate trans		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	u \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:	NAMES OF THE PARTY		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:	Anthornal Anthornal Philip		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	WHAT SHEET STORES AND THE SHEET SHEE	\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

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Debtor 1	Rhyan D.	. Willis				
		die Name Last Name				
Debtor 2 (Spouse, if filing	g) First Name Mick	dle Name Last Name				
United States	s Bankruptcy Court for the: Northe	em District of Illinois				
Case numbe						
(If known)					heck if th nended f	
				Ci,	nonaca i	9
Official	I Form 106D					
		ors Who Have Claims Secure	ad hy Drar	a presu		12/15
						12/15
Be as com	plete and accurate as possib	ile. If two married people are filing together, both are ec opy the Additional Page, fill it out, number the entries, a	qually responsible fo and attach it to this	or supplying of form. On the (correct top of any	u)
additional	pages, write your name and	case number (if known).	and action in to teno			,
_						
	creditors have claims secured	d by your property? form to the court with your other schedules. You have nothi	ing else to report on t	hie form		
	Fill in all of the information belo	•	ing eise to report on t	as ioni.		
100.	The first of the anomicalor bold	····				
Parit 1: L	List All Secured Claims					
			Column A	Column B	С	olumn C
List all se	ecured claims. If a creditor has claim. If more than one credito	s more than one secured claim, list the creditor separately or has a particular claim, list the other creditors in Part 2.	Amount of claim	Value of colla that supports		nsecured ortion
As much	as possible, list the claims in a	alphabetical order according to the creditor's name.	Do not deduct the value of collateral.	claim	•	any
<u>.</u>		Describe the property that secures the claim:	9.00	\$	2 00.0	0.00
Creditor's 1	Name	Describe the property that secures the claim.	·]	Ψ		
Number	Street					
		As of the date you file, the claim is: Check all that apply. Contingent				
		Unliquidated				
City	State ZIP Code	Disputed				
Who owes	s the debt? Check one.	Nature of lien. Check all that apply.				
Debtor		An agreement you made (such as mortgage or secured				
Debtor		car loan) Statutory lien (such as tax lien, mechanic's lien)				
	1 and Debtor 2 only t one of the debtors and another	Judgment lien from a lawsuit				
ALIERS:		Other (including a right to offset)	•			
	cif this claim relates to a number of the control o					
	was incurred	Last deligita of account number				
comm	1100 1110 0110 0	Last 4 digits of account fidiliber	Agreement to the second of the second of		0.00 s	0.00
comm Date debt	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number Describe the property that secures the claim:	\$0.00		<u>0.00 </u>	
comm Date debt			\$0.00	\$	<u>0.00</u> \$	
Creditor's t	Name		\$ 0.00	\$	<u>0.00</u> \$	
comm Date debt		Describe the property that secures the claim:	\$0.00	\$ _{numetaut} ananyaistanananan	<u>0.00</u> \$_	
Creditor's t	Name		\$0.00	\$	<u>0.00 </u> \$	
Creditor's Number	Name Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$0.00	\$	<u>0.00</u> \$	
Creditor's t	Name	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$0.00	\$_	<u>0.00</u> \$	
Comm Date debt 2.2 Creditor's Number City	Name Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$0.00	\$	<u>0.00</u> \$	
Creditor's Number City Who owes	Street State ZIP Code s the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)	\$0.00	\$_euroraneonomous concessoraneonomous	<u>0.00</u> \$	
Creditor's Number City Who owes Debtor Debtor	Street State ZIP Code s the debt? Check one. 1 only 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)	\$0.00	\$	<u>0.00</u> \$	
Creditor's Number City Who owes Debtor Debtor Debtor Debtor	Street State ZIP Code s the debt? Check one. 1 only 2 only 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)	\$0.00	\$_	<u>0.00</u> \$	
Comm Date debt 2 Creditor's N Number City Who owes Debtor Debtor Debtor At lease	State ZIP Code s the debt? Check one. 1 only 2 only 1 and Debtor 2 only st one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)	\$ 0.00	\$	<u>0.00</u> \$	
Comm Date debt 2.2 Creditor's I Number City Who owes Debtor Debtor Debtor At leass Check	Street State ZIP Code s the debt? Check one. 1 only 2 only 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	\$ 0.00	\$	<u>0.00</u> \$	

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Fill	in this ir	nformation to ide	ntify your case:	Document Tage	23 01 40			
Deb	otor 1	Rhyan	D.	Willis	_			
Deb	otor 2	First Name	Middle Name	Last Name				
(Spc	ouse, if filing)) First Name	Middle Name	Last Name				
Unit	ted States	Bankruptcy Court for	r the: Northern District	of Illinois			[****	
	se number	***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				ck if this is an nded filing
L					!			
Off	icial F	Form 106E	<u>/F</u>					
Sc	hed	ule E/F: (Creditors V	Vho Have Unse	cured Clain	ns		12/15
List t A/B: credi need any a	the other Property itors with led, copy additiona	r party to any exe / (Official Form 1) n partially secure / the Part you nee al pages, write yo	cutory contracts or 06A/B) and on Sched d claims that are list	,	sult in a claim. Also li d Unexpired Leases (ho Have Claims Secu	ist executory co (Official Form 10 red by Property	ontracts on S 06G). Do not . If more spa	chedule include any ce is
						·		
***		editors have prionto to Part 2.	rity unsecured clain	s against you?				
	Yes.	7 10 1 BIL 2.						
e: ne ui	ach claim onpriority nsecured	n listed, identify who amounts. As muc claims, fill out the	at type of claim it is. I th as possible, list the Continuation Page of	reditor has more than one priority a claim has both priority and not claims in alphabetical order acco Part 1. If more than one creditor	npriority amounts, list the rding to the creditor's re holds a particular clain	hat claim here an	d show both more than to	priority and wo priority
(F	-or an ex	planation of each t	type of claim, see the	instructions for this form in the in	struction booklet.)	Total claim	Priority	Nonpriority
						· otar ciaiiii	amount	amount
2.1				Last 4 digits of account numb	er	s <u>0.00</u>	\$ 0.0	0.00
	Priority Cred	ditor's Name		When was the debt incurred?				
	Number	Street		Miles Mas use dept michited t				
				As of the date you file, the cla	im is: Check all that appl	у.		
	City		State ZIP Code	Contingent				
	•	urred the debt? Ch		Unliquidated				
		r 1 only	OUR DIE.	☐ Disputed				
	Debtor			Type of PRIORITY unsecure	d claim:			
	Debtor	r 1 and Debtor 2 only	1	Domestic support obligations				
	At leas	st one of the debtors	and another	Taxes and certain other debts	voil owe the government			
	☐ Check	k if this claim is fo	r a community debt	Claims for death or personal i				
	Is the cla	im subject to offs	et?	intoxicated	ngany mimo you more			
	☐ No	-		Other. Specify		=		
	Yes							
2.2				Last 4 digits of account numb	er	0.00	\$ 0.00	0.00
Ī	Priority Cred	litor's Name		When was the debt incurred?		Ψ	. Ψ	Ψ
	Number	Street		The true true true true true true true tru	——————————————————————————————————————			
				As of the date you file, the cla	im is: Check all that apply	y.		
				Contingent				
7	City		State ZIP Code	Unliquidated				
		irred the debt? Ch	eck one.	☐ Disputed				
	Debtor			Type of PRIORITY unsecure	d claim:			
	Debtor			Domestic support obligations				
		1 and Debtor 2 only at one of the debtors		Taxes and certain other debts	you owe the government			
			and another r a community debt	Claims for death or personal in	=			
		im subject to offse	·	intoxicated Other, Specify				
1	Is the clai ☐ No ☐ Yes	uu aanleet to onse	att.	outer, openity		-		

Deb	tor 1	Case Rhyan	-	7938	Doc 1 D.	Filed 03/14 Downger		Entered 03/14/17 Page 24 of 48 Case number (#		Desc	Main	
Pa	rt 2:	List All	of You	NONPE	RIORITY U	nsecured Clain	ns					
		You have				claims against y submit this form to		urt with your other schedules.				
i	nonprior ncluded	nty unsecu Lin Part 1.	ured clair . If more	ກ, list the than one	creditor sepa	arately for each cla	aim. Fo	er of the creditor who holds or or each claim listed, identify wh he other creditors in Part 3.If yo	at type of claim	it is Do no	at liet cla	ime already
			_								Tota	l claim
1.1	City	of Chicagory ity Creditor's	go Dep	artmen	t of Financ	e	L	ast 4 digits of account number	6 2 4	5	•	8,000.00
		Box 464					W	hen was the debt incurred?	02/01/2012		\$	0,000.00
	Number											
	Chica	ago			IL	60680						
	City				State	ZIP Code	— A	s of the date you file, the claim	is: Check all tha	t apply.		
	Z Deb	icurred the otor 1 only otor 2 only	e debt? (Check one.				Contingent Unliquidated Disputed				
		otor 1 and D	ebtor 2 o	niv			T	pe of NONPRIORITY unsecu	ured claim:			
		ast one of			ther			Student loans	aroa olaliri.			
					munity debt		_	 Student loans Obligations arising out of a separathat you did not report as priority 	ration agreement	or divorce		
	is the control No	daim subje	ect to of	set?			<u> </u>	Debts to pension or profit-sharing Other. Specify Parking Fine	g plans, and other	similar debt	s	
.2		al Lendin ty Creditor's N		rices				st 4 digits of account number hen was the debt incurred?	6 2 4 12/19/2013	5	\$	8,748.00
	P.O. I	3ox 104	37									
	Number	Street	<u> </u>			······································	-					
	Green	nville			SC	29603	As	of the date you file, the claim	is: Check all that	apply.		
	2 Deb	curred the	debt?	heck one.	State	ZIP Code		Contingent Unliquidated Disputed				
	Leb!	tor 2 only										

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Number Street Greenville	sc	29603	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code		
			Contingent	
Who incurred the debt? Check of	ne.		☐ Unliquidated	
Debtor 1 only			Disputed	
Debtor 2 only			•	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a	nother		Student loans	
Check if this claim is for a co	ommunity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
☑ No			Other. Specify Collections Account	
☐ Yes				
to the control of the		e de la companyación de la	ere en la mantinamenta de la companya de la company	
Kay Jewelers			Last 4 digits of account number 5 2 4 6	271.00
Nonpriority Creditor's Name	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		When was the debt incurred? 12/28/2013	271.00
375 Ghent Road			ABIGH AND SHE GEDE HICHIGAGE . INTROVERA IO	
Number Street			MARKATA AND AND AND AND AND AND AND AND AND AN	
Fairlawn	ОН	44333	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	The date you me, the claim is, oneck all that apply.	
Who incurred the debt? Check or	ne.		☐ Contingent	
Debtor 1 only			☐ Unliquidated	
Debtor 2 only			☐ Disputed	
Debtor 1 and Debtor 2 only				
At least one of the debtors and a			Type of NONPRIORITY unsecured claim:	
At least one of the deptors and ar	nomer		☐ Student loans	
☐ Check if this claim is for a co	mmunity debt		Obligations arising out of a separation agreement or divorce	
Is the claim subject to offset?	· ·		that you did not report as priority claims	
No			Debts to pension or profit-sharing plans, and other similar debts	
IMCE 3VL)			Other. Specify Collections Account	

Debtor 1

Rhyan First Name

Part 2

Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	er listing any entries on this page, nu	ımber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	Ability Recovery Services			Last 4 digits of account number 0 4 6 1	\$ 1,000.00
	Nonpriority Creditor's Name P.O. Box 4031			When was the debt incurred? 11/07/2016	
	Number Street	DΑ	10044	As of the date you file, the claim is: Check all that apply.	
	Wyoming City	PA State	18644 ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only			Unliquidated Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Coll. Acct. Multiple Accts.	
	<b>1</b> No □ Yes				
4.5	e de la composition de describir de la composition de la composition de la composition de la composition de la			F 2 4 F	0.00
	Chex Systems Nonpriority Creditor's Name			Last 4 digits of account number 6 2 4 5	\$ <u>0.00</u>
	7805 Hudson Road Number Street			When was the debt incurred? 01/01/2012	
	Woodberry	MN	55125	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			Unliquidated	
				☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	Check if this claim is for a commu	nity daht		you did not report as priority claims	
	Is the claim subject to offset?	inty dept		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
	☑ No ☐ Yes				
1.6	a construction of the contract				• 0.00
	Certegy			Last 4 digits of account number 6 2 4 5	\$0.00
	Nonpriority Creditor's Name 11601 Roosevelt Blvd N.			When was the debt incurred? 01/01/2012	
	Number Street	FL	33716	As of the date you file, the claim is: Check all that apply.	
	St. Petersburg	State	ZIP Code	Contingent	
	•			Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a commun	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other Specify Collections Account	
	☑ No □ Yes				

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Debtor 1

Rhyan	D
First Name	Middle Name

Dochlment

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	اللتا	Leading to the second	wid.

#### Your NONPRIORITY Unsecured Claims - Continuation Page

fter listing any entries on th	is page, number them be	eginning with 4	4, followed by 4.5, and so forth.	Total claim
7 Equifax Bankruptcy [	Department		Last 4 digits of account number 6 2 4 5	\$0.00
Nonpriority Creditor's Name P.O. Box 740241			When was the debt incurred? 01/01/2013	
Number Street Atlanta	GA :	30374	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Ci  Debtor 1 only  Debtor 2 only	State ZI	P Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for	and another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offs  No Yes	et?		other specify Collections Account	
Experian Bankruptcy Nonpriority Creditor's Name	Deparment	<del></del>	Last 4 digits of account number 6 2 4 8	\$0.00
P.O. Box 2002			When was the debt incurred? 01/01/2013	
Number Street			As of the date you file, the claim is: Check all that apply.	
Allen		75013 P Code	Contingent	
Who incurred the debt? Ch		Odda	Unliquidated Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is for its the claim subject to offs ☐ No ☐ Yes	-		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
] TransUnion Bankrupt	icy Department		Last 4 digits of account number 6 2 4 5	\$0.00
Nonpriority Creditor's Name P.O. Box 1000			When was the debt incurred? 01/01/2013	
Number Street Chester	<b>PA</b> 1	19022	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Ch	State ZiF	P Code	Contingent Unliquidated	
Debtor 1 only Debtor 2 only			Disputed  Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors			<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
Check if this claim is for is the claim subject to offs	•		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
Ø No □ Yes				

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Part St

Debtor 1

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

COTTAGE EMERG	GENCY PHYSI	CIANS	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			
7531 S Stony Islan Number Street	nd Avenue					
Chicago	IL State	60649 ZIP Code	Last 4 digits of account number 0 4 6 1			
	State	ZIF COOR	On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
City	State	ZIP Code	Last 4 digits of account number			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims			
City	State	ZIP Code	Last 4 digits of account number			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims			
City	State	ZIP Code	Last 4 digits of account number			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims			
City	State	ZIP Code	Last 4 digits of account number			
Name		·	On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			
City	State	ZIP Code	Last 4 digits of account number			
Name			On which entry in Part 1 or Part 2 did you list the original creditor?			
Number Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured  Claims			
City	State	ZIP Code	Last 4 digits of account number			

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Debtor 1

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Part 4

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	<b>+</b> _{\$}	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i.	+ \$	18,019.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$	18,019.00

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			Document	1 age 23 01 40	
Fill in th	is information to ic	lentify your case:			
Debtor	Rhyan	D. Middle Name	Willis Last Name		
Debtor 2					
	iling) First Name	Middle Name for the: Northern Dist	Last Name		
Case num	. ,	ioi ale. Peraiem pior	, io or initials		_
(łf known)					Check if this is ar amended filing
Officia	l Form 106	G			
Sche	dule G: E	 xecutory	Contracts ar	nd Unexpired Leases	12/15
informatic additional 1. Do yo 	on. If more space is pages, write your ou have any execut o. Check this box ar	s needed, copy the name and case nu tory contracts or used the third third and file this form with the	additional page, fill it out mber (if known). nexpired leases? the court with your other so	g together, both are equally responsible for so , number the entries, and attach it to this page the dules. You have nothing else to report on this	e. On the top of any form.
2. List see	eparately each per	son or company w	ith whom you have the co	are listed on Schedule A/B: Property (Official Foontract or lease. Then state what each contract form in the instruction booklet for more examples	t or lease is for (for
Perso	on or company with	h whom you have t	he contract or lease	State what the contract or lease is	s for
2.1					
Name				<del></del>	
Numb	er Street			Anarysman	
City		State ZIP C	ode	Montana	
.2					
Name				unional and	
Numbe	er Street			arranena	
City		State ZIP C	ode		
2.3 Name			-		
	Chron			Matarium.	
Numbe	er Street			<del></del>	
City .4		State ZIP Co	ode		
Name	***************************************		***************************************		
Numbe	er Street	<del>*************************************</del>		Netherland	
City		State ZIP Co	ode	TOUTON-	
.5 Name					
Numbe	St. Chook	<del></del>		_	
RUITIDE	er Street				

City

State

ZIP Code

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Fillin	this information to ide	ntify your case:					
Debto		D.	Willis				
Debto	First Name	Middle Name	Last Name				
	e, if filing) First Name	Middle Name	Last Name	<del></del>			
United	States Bankruptcy Court for	r the: Northern District	of Illinois				
Case	number		····				
(If kno	wn)					☐ Check if this i	
						amended filin	9
Offic	cial Form 106h	<u> </u>					
Sch	edule H: Yo	our Codebt	ors			12/1	5
are filliand nucase n  1. Do	ng together, both are ecomber the entries in the umber (if known). Answer you have any codebto No Yes ithin the last 8 years, horizona, California, Idaho, No. Go to line 3. Yes. Did your spouse, 10 No Yes. In which comm	qually responsible fo boxes on the left. At ver every question.  The series of the left of the left. At very every example of the left of	r supplying correct is tach the Additional Is joint case, do not list mmunity property stew Mexico, Puerto Ridal equivalent live with you did you live?	nformation. If more age to this page.  either spouse as a determinate or territory? (Cop., Texas, Washing you at the time?	e spac On the codebto	nity property states and territories include	ut,
	City	State		ZIP Code			
st Se Se	nown in line 2 again as a chedule D (Official Forn chedule E/F, or Schedu	a codebtor only if that in 106D), <i>Schedule E/</i> le G to fill out Colum	at person is a guarar F (Official Form 106I	ntor or cosigner. M	lake su 3 (Offic	ouse is filing with you. List the person are you have listed the creditor on ial Form 106G). Use Schedule D,	
(	Column 1: Your codebto	r			Col	umn 2: The creditor to whom you owe the del	ot
					Ch	eck all schedules that apply:	
3.1					_ 🗅	Schedule D, line	
	Name					Schedule E/F, line	
	Number Street					Schedule G, line	
	City	8	late	ZIP Code	Park.		
3.2	•				,		
<b></b>	Name			·		Schedule D, line	
						Schedule E/F, line	
	Number Street				u	Schedule G, line	
	City	S	tate	ZIP Code			
3.3						Schedule D, line	
_	Name					Schedule E/F, line	
	Number Street			***************************************		Schedule G, line	
	City		tate	ZIP Code		** ***********************************	
	O1G						

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Fill in this in	formation to identify	your case:					
Debtor 1	Rhyan	D. V	Villis				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for the:	Northern District of Illinois					
Case number (if known)					Check if t		
						nended filing	notition shoutes 40
Official Es	40Cl					plement showing post e as of the following o	
Official Fo					MM / 1	DD / YYYY	
		ır İncome					12/15
supplying cor If you are sepa separate shee	rect information. If ye arated and your spou	essible. If two married pe ou are married and not fi se is not filing with you, top of any additional pa ent	iling jointly, and yo , do not include int	our sp forma	ouse is living with tion about your spo	you, include informatio ouse. If more space is n	n about your spouse. eeded, attach a
Fill in your informatio			Debtor 1			Debtor 2 or non-fi	ling spouse
attach a se	more than one job, parate page with about additional	Employment status	☑ Employed ☐ Not employ	ed		☐ Employed ☐ Not employed	n periodici de la companya de la co
Include par self-employ	t-time, seasonal, or ved work.		Driver				
	may include student ker, if it applies.	Occupation					<del></del>
		Employer's name	Proshred				
		Employer's address	7700 Graphic Number Street	cs D	rive	Number Street	
			Tinley Park	Sta	IL le ZIP Code	City	State ZIP Code
		How long employed the	•			4 Mths	
Part 2:	Give Details About	Monthly Income					
Estimate m	nonthly income as of ess you are separated.	the date you file this for	•	•	•	•	
		tach a separate sheet to t			and an amplifying	and the second s	- <del>-</del>
					For Debtor 1	For Debtor 2 or non-filing spouse	
		ary, and commissions (b calculate what the month)		2.	\$ 2,268.00	\$	
3. Estimate a	and list monthly over	time pay.		3.	+\$ 215.00	+ \$	
4. Calculate	gross income. Add lin	ne 2 + line 3.		4.	\$_2,483.00	\$	

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Willis Rhyan Case number (#known) Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse 2,483.00 5. List all payroll deductions: 457.00 5a. 5a. Tax. Medicare, and Social Security deductions 5b. 0.00 5b. Mandatory contributions for retirement plans 0.00 5c. 5c. Voluntary contributions for retirement plans 0.00 5d. 5d. Required repayments of retirement fund loans 36.00 5e. 5e. Insurance 0.00 5f. 5f. Domestic support obligations 0.00 5g. 5g. Union dues 5h. Other deductions. Specify: Child Support Garnishment 366.00 5h. 859.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h, 6 1,624.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a monthly net income. 0.00 8b 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 00.0 8c. settlement, and property settlement. 0.00 8d. 8d. Unemployment compensation 0.00 8e. 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: n/a 0.00 8g. 8g. Pension or retirement income 8h. 0.00 8h. Other monthly income. Specify: n/a 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. Calculate monthly income. Add line 7 + line 9. 0.00 1.624.00 1.624.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + Specify: n/a 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,624.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Mo. Yes, Explain:

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Fill in this information to identify	/ your case:			
Debtor 1 Rhyan	D. Willis	Check if this	ie.	
First Name Debtor 2	Middle Name Last Name	— ☐ An amen		
(Spouse, if filing) First Name	Middle Name Last Name	i	ment showing posts	petition chapter 13
United States Bankruptcy Court for the	Northern District of Illinois		s as of the following	
		MM / DD /	YYYY	
(If known)				
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question	possible. If two married people are fili ded, attach another sheet to this form n.	ng together, both are equally res . On the top of any additional pa	sponsible for supplyl Iges, write your name	ng correct e and case number
Parage Describe Your Ho	usehold			
1. Is this a joint case?				
✓ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a	separate household?			
□ No				
Yes. Debtor 2 must f	file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.		boy	1mth	☐ No ☑ Yes —
		**************************************		☐ No ☐ Yes
				□ No
				☐ Yes
				□ No
			***************************************	☐ Yes
				☐ No ☐ Yes
				100
<ol> <li>Do your expenses include expenses of people other than</li> </ol>	₩ No			
yourself and your dependents'	Yes			
Part/24 Estimate Your Ong	oing Monthly Expenses			
Estimate your expenses as of you	ur bankruptcy filing date unless you a	are using this form as a supplem	ent in a Chapter 13 o	case to report
expenses as of a date after the ba applicable date.	ankruptcy is filed. If this is a supplem	ental S <i>chedule J</i> , check the box	at the top of the form	n and fill in the
	on-cash government assistance if you		Your expe	nses `
	ed it on Schedule I: Your Income (Off expenses for your residence. Include		entirectorethicklisestivetheetheetheetheetheetheetheetheetheeth	A STANLES
any rent for the ground or lot.	expenses for your residence. Include	s lifet mongage payments and	4. \$	940.00
If not included in line 4:			45 6	0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or			4b. \$	0.00
4c. Home maintenance, repair			4c. \$	0.00
4d. Homeowner's association	or condominium dues		4d. \$	0.00

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Debtor 1 Rhyan D. Willis Case number (# known)

			Your exp	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6	Utilities:			
J.	6a. Electricity, heat, natural gas	6a.	\$	200.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	120.00
	6d. Other Specify: Cable	6d.	\$	150.00
7.	Food and housekeeping supplies	7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	0.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	250.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a, Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance, Specify: n/a	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: n/a	16.	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: n/a	17c.	\$	0.00
	17d. Other, Specify: n/a	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.  Specify: n/a	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	Rhyan	Ď.	Willis	Case number (#known)		
	First Name er. Specify: <u>n/a</u>	Middle Name	Last Name	21.	+\$	0.00
22. Cale	culate your mont	thly expenses.			:	
22a	. Add lines 4 throu	ıgh 21.		<b>22a</b> .	\$	1,960.00
22b	. Copy line 22 (mo	onthly expenses for I	Debtor 2), if any, from Official For	m 106J-2 22b.	\$	0.00
<b>22</b> c	. Add line 22a and	1 22b. The result is y	our monthly expenses.	22c.	\$	1,960.00
23. <b>Calc</b>	ulate your montl	nly net income.			•	1,624.00
23a.	Copy line 12 (yo	our combined month	ly income) from Schedule I.	23a.	\$	1,021.00
23b.	Copy your mont	thly expenses from li	ne 22c above.	23b.	- \$	1,960.00
23c.		onthly expenses from ur monthly net incom	n your monthly income. ne.	23c.	\$_	-336.00

### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Mo.

Yes. Explain here:

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Fill ii	n this ir	formation to	identify your case:				
Debto	or 1	Ryhan First Name	D. Middle Name	Willis Last Name			
Debto (Spous		First Name	Middle Name	Last Name			
United	d States	Bankruptcy Cour	t for the: Northern District of	Illinois			
Case (if kno	number own)		**************************************	TOTAL BUSINESS AND			Check if this is an
L							amended filing
		Form 107		<i>6</i> 6 12			
			inancial Affair				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.							
Part 13 Give Details About Your Marital Status and Where You Lived Before							
1. What is your current marital status?							
☐ Married							
☑ Not married							
2. During the last 3 years, have you lived anywhere other than where you live now?							
	<ul> <li>✓ No</li> <li>✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul>						
	Deb	tor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
					☐ Same as Debtor 1		Same as Debtor 1
	kline	nber Street		From	Number Street		From
	I¥uī	iibei Street		To	Number Street		To
				-		Name and a value of the second and and an analysis of the second analysis of the second analysis of the second and an analysis	
	City		State ZIP Code	-	City	State ZIP Code	
					Same as Debtor 1		Same as Debtor 1
	Nur	nber Street		From	Number Street	····	From
	——·			To			To
		····		-			
	City		State ZIP Code		City	State ZIP Code	
			, <mark>did you ever live with a s;</mark> lude Arizona, Califomia, Idal				
₩ No							
Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).							
Part	24 Ex	plain the So	urces of Your Income				

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4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.    No	Debtor 1	Ryhan D. First Name Middle Name Las	Willis	Case nu	ımber (if known)	
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.    No   No   No   No   No   No   No   N		rist Nome should tyame Las	i Name			
Debtor 1  Sources of income Check all that apply.  Check all that apply.  Debtor 2  Sources of income Check all that apply.  Check all that apply.  Debtor 2  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Deformed deductions and exclusions)  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Check all that apply.  Deformed deductions and exclusions  Sources of income Describe below.  Debtor 1  Debtor 2  Sources of income Describe below.  Describe below.  Debtor 2  Sources of income Describe below.  Describe deductions and exclusions and exclusions and exclusions.  Sources of income Describe below.  Describe deductions and exclusions and exclusions and exclusions.  Sources of income Describe below.  Describe deductions and exclusions and exclusions and exclusions.  Sources of income Describe below.  Describe deductions and exclusions and exclusions and exclusions.  Sources of income Describe below.  Describe deductions and exclusions and exclusions and exclusions.  Sources of income Describe deductions and exclusions.  Sources of income Describe deductions and exclusions.  Sources of income Describe deductions exclusions.  Sources of income Describe deductions exclusions.  Sources of income Describe deductions exclusions.  Sources of income Desc	Fill in If you	n the total amount of income you receive u are filing a joint case and you have inc	ed from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
Debtor 1  Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  For last calendar year: (January 1 to December 31, 2015 Operating a business)  Wages, commissions, bonuses, tips Operating a business  For the calendar year before that: (January 1 to December 31, 2016 Operating a business)  Debtor 2  Wages, commissions, bonuses, tips Operating a business  Operating a business  Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Operating a business  Operating a business  Debtor 1  Wages, commissions, bonuses, tips Operating a business  Debtor 1  Sources of income Describe below.  Debtor 2  Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Sources, tips Operating a business  Operating a business  Sources of income a alimony; child support; Social Security, unemployment, and other public benefit payments; pensions, rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No No Operating a business  Sources of income Describe below.						
Check all that apply. (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips Operating a business  For last calendar year: (January 1 to December 31, 2015 Operating a business  For the calendar year before that: (January 1 to December 31, 2016 Operating a business  For the calendar year before that: (January 1 to December 31, 2016 Operating a business  For the calendar year before that: (January 1 to December 31, 2016 Operating a business  For the calendar year before that: (January 1 to December 31, 2016 Operating a business  Determine a business  Sources of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No Yes. Fill in the details.  Debtor 1  Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  Sources of income Describe below.  Sources of income each source (before deductions and exclusions)		oo, v. iii iir die dedald.	Debtor 1		Debtor 2	
For last calendar year:    Wages, commissions, bonuses, tips   Operating a business   Operating a business				(before deductions and		(before deductions and
For last calendar year:  (January 1 to December 31, 2015   Operating a business  For the calendar year before that:  (January 1 to December 31, 2016   Operating a business  For the calendar year before that:  (January 1 to December 31, 2016   Operating a business  Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes. Fill in the details.  Debtor 1  Sources of income Describe below.  Debtor 2  Sources of income Pescribe below.  Debtor 2  From January 1 of current year until			bonuses, tips	T	bonuses, tips	\$
Comparison of the calendar year before that:   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar year of the two previous calendar years?   Comparison of the calendar years?   Comparison of			Operating a business		Operating a business	
For the calendar year before that:  (January 1 to December 31, 2016  (January 1 to December 31, 201	F	For last calendar year:		œ.		r.
Comparison of the catendar year before that:   Donuses, tips	(	(January 1 to December 31, 2015		Ψ		\$
(January 1 to December 31, 2016	F	For the calendar year before that:	*** **********************************			
Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes. Fill in the details.  Debtor 1  Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  From January 1 of current year until	(		, r	\$		\$
Sources of income Describe below.  Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  From January 1 of current year until			each source separately. D	o not include income tha	t you listed in line 4.	
Describe below.    Describe below.   each source   Describe below.   each source	<b>□</b> Y€	es. Fill in the details.	Debtor 1		Debtor 2	
the date you filed for bearing they			<del>-</del>	each source (before deductions and		(before deductions and
the date you filed for bankruptcy: \$ \$ \$ \$ \$ \$				\$		\$
<u> </u>	ŧ	the date you filed for bankruptcy:		\$		\$
				\$		\$
For last calendar year:	F	For last calendar year:		\$		\$
(January 1 to December 31, 2015 ) \$\$	(	(January 1 to December 31,2015)				\$
\$\$\$		1111		\$		\$
For the calendar year before that: \$\$	F	For the calendar year before that:		\$		\$
0040	(	(January 1 to December 31, 2016)				\$
						\$ \$

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Debtor 1	Ryhan First Name Middle Nar	D.	Willis	_ Case	number (if known)	
		no non man				
Part 3:	List Certain Paym	ents You Made Befo	re You Filed	i for Bankruptcv		
6. Are ei	ither Debtor 1's or Deb	tor 2's debts primarily o	consumer deb	ots?		
		-			re defined in 11 U.S.C. § 10	11/9) pa
	incurred by an indivi-	dual primarily for a perso	nal, family, or i	household purpose."		11(0) as
	During the 90 days be	efore you filed for bankru	iptcy, did you p	ay any creditor a total o	f \$6,425* or more?	
	No. Go to line 7.					
	total amount	ach creditor to whom you you paid that creditor. D t and alimony. Also, do n	o not include r	payments for domestic si	or more payments and the upport obligations, such as	
					after the date of adjustment.	
<b>Ø</b> Ye		or both have primarily			•	
		efore you filed for bankru			\$600 or more?	
	☑ No. Go to line 7.		,			
		ach araditas ta urbam var		#000		
	creditor. Do i	not include payments for o, do not include paymer	domestic supr	ort obligations, such as	otal amount you paid that child support and	
	antiony, race	o, do not maidde paymer	is to an attoria	ey for this parkruptcy ca	se.	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
				\$	<b>\$</b>	☐ Mortgage
	Creditor's Name					Car
	Number Street					Credit card
						Loan repayment
	·*************************************	, , , , , , , , , , , , , , , , , , ,	***************************************			Suppliers or vendors
	City	State ZIP Code				Other
				\$	\$	☐ Mortgage
	Creditor's Name					Car
	Number Street					Credit card
						Loan repayment
	***************************************		***************************************			Suppliers or vendors
	City	State ZIP Code				Other
	Creditor's Name			\$	\$	Mortgage
						Car
	Number Street					Credit card
	Pulled Individual Control of the Con					Loan repayment
						Suppliers or vendors
	City	State 710 Code				Other

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Debtor 1	Ryhan	D.	Willis		Case number (if known)	
	First Name	Middle Name L	ast Name			
7. Will Ins cor age suc	thin 1 year before iders include you porations of whice ent, including one chas child support No Yes. List all payments Name	re you filed for bankru ir relatives; any general th you are an officer, dir if for a business you ope rt and alimony.  ments to an insider.	ptcy, did you make a pa partners; relatives of any ector, person in control, o	general partners; or owner of 20% or	you owed anyone of partnerships of which more of their voting include payments for	
	Insider's Name			\$	\$	
	Number Street		<u> </u>			
	City	State ZI	P Code			
an i Incli	insider? ude payments on No	you filed for bankrup debts guaranteed or conents that benefited an	osigned by an insider.	oayments or trans	fer any property o	n account of a debt that benefited
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment include creditor's name
	insider's Name			\$	\$	
	Number Street					
	City	State ZIF	• Code			
	Insider's Name			\$	\$	
	Number Street		www.caracatatatatatatatatatatatatatatatatata			
	***************************************		***************************************			
	City	State ZIF	Code			

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itor 1	Ryhan First Name	D. Middle Name Last	Name	Villis	Case number (if kno	own)	
	Last (edulo	Middle Name Last	Name				
Part 4	Identify L	egal Actions, Repos	iessions, an	d Forecins	urac		
	SSE				y lawsuit, court action, or adr	ninistrative proc	eedina?
List a	ill such matters contract dispute	, including personal injun	cases, small	claims actions	s, divorces, collection suits, pat	ernity actions, sup	port or custody modificati
M N		·s.					
	io 'es. Fill in the de	etails.					
			Nature of the	case	Court or agency		Status of the case
	Case title	~~~			Court Name		Pending
							On appeal
					Number Street		Concluded
•	Case number				City \$	tate ZIP Code	
					Gity 6	ate zir code	
	Canadista						Pending
•	Case me				Court Name		On appeal
-					Number Street	· · · · · · · · · · · · · · · · · · ·	Concluded
(	Case number						
					City S	ate ZIP Code	<del></del>
	es. i ar ar are an	ormation below.	De	scribe the prop	perty	Date	Value of the property
	Creditor's Name	e	**************************************				\$
	Number Stre	et	Ex	plain what hap	pened		
				Property wa	is repossessed.		
					is foreclosed.		
					is garnished.		
	City	State ZIP Co			is attached, seized, or levied.		
			Des	scribe the prop	perty	Date	Value of the property
						***************************************	. \$
	Creditor's Name	3					
	Number Stree	eŧ	<del></del>				
			Exp	olain what hap	pened		
					s repossessed.		
					s foreclosed.		
	City	State ZIP Co	de Q		s garnished.		
			<b></b>	гторену wa	s attached, seized, or levied.		

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j	Ryhan		Willis	Case number (if known)	1	
	First Name Midd	le Name Last I	Name	•		
Vithir	n 90 days before yo	ou filed for bankrup	ptcy, did any creditor, including	a bank or financial institu	ition, set off any ai	nounts from you
		ake a payment bec	ause you owed a debt?			
<b>⊠</b> No □ ∨o	o es. Fill in the details.					
wwa ic	s. I'm in the details.					
			Describe the action the creditor to	ook	Date action was taken	Amount
Cre	editor's Name		-		was taren	
						e.
Nur	mber Street		•		***************************************	\$
City	/	State ZIP Code	Last 4 digits of account number	XXXX	-	
			cy, was any of your property in t	he possession of an assi	gnee for the benef	it of
V No		ted receiver, a cus	stodian, or another official?			
Ye						
	•					
rt 5:	List Certain Gif	ts and Contribut	tions			
		ı filed for bankrupt	tcy, did you give any gifts with a	total value of more than	\$600 per person?	
No No			tcy, did you give any gifts with a	total value of more than:	\$600 per person?	
Mo No			tcy, did you give any gifts with a	total value of more than	\$600 per person?	
☑ No ☐ Ye	s. Fill in the details f	or each gift.		total value of more than		
☑ No ☐ Ye G		or each gift.	tcy, did you give any gifts with a  Describe the gifts	total value of more than	\$600 per person?  Dates you gave the gifts	Value
M No □ Ye G	s. Fill in the details fo	or each gift.		total value of more than	Dates you gave	Value
V No ☐ Year G pe	s. Fill in the details for ifts with a total value or person	or each gift. of more than \$600		total value of more than	Dates you gave	
V No ☐ Year G pe	s. Fill in the details fo	or each gift. of more than \$600		total value of more than	Dates you gave	Value \$
V No ☐ Year G pe	s. Fill in the details for ifts with a total value or person	or each gift. of more than \$600		total value of more than	Dates you gave	
V No ☐ Year G pe	s. Fill in the details for ifts with a total value or person	or each gift. of more than \$600		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value or person	or each gift. of more than \$600		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value or person son to Whom You Gave the other street	or each gift.  of more than \$600  e Gift		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value or person son to Whom You Gave the other street	or each gift. of more than \$600		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value or person son to Whom You Gave the other street	or each gift.  of more than \$600  e Gift  State ZIP Code		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value or person son to Whom You Gave the other Street	or each gift.  of more than \$600  e Gift  State ZIP Code		total value of more than	Dates you gave	
No Yes	s. Fill in the details for ifts with a total value of person son to Whom You Gave the other street.	or each gift.  of more than \$600  e Gift  State ZIP Code		total value of more than	Dates you gave the gifts	
No Yes	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the other street	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$
No Yes	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the other street  son's relationship to you saw that a total value of person	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$
No Yes	s. Fill in the details for ifts with a total value of person son to Whom You Gave the other street.	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$
No Yes	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the other street  son's relationship to you saw that a total value of person	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$
No Yes	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the other street  son's relationship to you saw that a total value of person	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$Value
Pers Pers	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the son's relationship to you to with a total value of person.	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$Value
Pers Pers	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the other street  son's relationship to you saw that a total value of person	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$Value
Pers Pers	s. Fill in the details for ifts with a total value er person  son to Whom You Gave the son's relationship to you the with a total value of person  son to Whom You Gave the	or each gift.  of more than \$600  e Gift  State ZIP Code	Describe the gifts	total value of more than	Dates you gave the gifts	\$Value

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ebtor 1	Ryhan First Name	Middle Name	D.	Willis	Case number (if known)		
14. Wit	hin 2 years befor	e you filed f	or bankru	otcy, did you give any gifts or cor	stributions with a total valu	e of more than \$	600 to any charity?
	No						
<b></b>	Yes. Fill in the de	tails for each	gift or con	tribution.			
	Gifts or contribut that total more th		les	Describe what you contributed		Date you contributed	Value
	Charity's Name						\$
	white-the text and the text and						\$
	Number Street	**************************************					
	City State	ZIP Code					
art 6	List Certa	in Losses					
c Wille	hin 1 year before	vou filad fo		cy or since you filed for bankrupt			
disa	aster, or gambling	you med to g?	Dankiupi	cy of since you med for bankrups	cy, did you lose anything t	because of them,	tire, other
Ø	No	-					
	Yes. Fill in the det	aíls.					
	Describe the prop how the loss occu		and	Describe any insurance coverage findude the amount that insurance had aims on line 33 of Schedule A/B: Pr	s paid. List pending insurance	Date of your loss	Value of property lost
							\$
							¥
art 7	List Certain	Payments	or Trans	sfers			
With	nin 1 year before	you filed for	bankrupt	cy, did you or anyone else acting	on your behalf pay or trans	sfer any property	to anyone
				r preparing a bankruptcy petition parers, or credit counseling agencie		ur bankruntev.	
					, , , , , , , , , , , , , , , , , , ,		
	Yes. Fill in the deta	ails.					
	001 Debtorcc Person Who Was Paid			Description and value of any prope	rty transferred	Date payment or transfer was made	Amount of payment
	372 Summit			Credit Counseling Certifica	te		
	Number Street					02/28/2017	\$14.95
ļ	Jersey City		07306			**************************************	\$
	City		IP Code				
	www.001debto						
	condition website add/e	30					

Person Who Made the Payment, if Not You

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ebtor 1	Ryhan		D.	Willis	Case number (if known)		
	First Name	Middle Name	Las	t Name			
				Description and value of any pro	perty transferred	Date payment or	Amount of
	Tania Stoxste	.11				transfer was made	payment
	Person Who Was Paid			Bankruptcy Petition Prep	arer		
	1426 Douglas	Lane		, , ,		02/24/2017	\$100.0
	Number Street			,			
							\$
	0		00447				
	Crete City	IL State	60417 ZIP Code	•			
	•						
	tstoxstell@yah			Mtu.			
	Email or website addre	SS					
	Person Who Made the	Downson if I	Mat Va.				
. Witl	hin 1 year before y	you filed	for bankrupt	tcy, did you or anyone else actin	o on your behalf pay or tra	insfer any property t	o anvone who
pro	mised to help you	deal wit	h your credit	tors or to make payments to you	ir creditors?	motor any property t	o anyone who
Do i	not include any pay	ment or t	ransfer that y	ou listed on line 16.			
V	No						
	Yes. Fill in the deta	ails.					
				Description and value of any pro	narty transformat	Date payment or	A
				Transfer and targe of any pro-	voicy admonanted	transfer was	Amount of paymer
	Person Who Was Paid		······································			made	
							•
	Number Street		***************************************			<del></del>	\$
							¢
	City	State	ZIP Code			<del></del>	Φ
	·						
tran	nin z years betore Isferred in the ord	you filed inary cou	i tor bankrup irse of vour	otcy, did you sell, trade, or other business or financial affairs?	wise transfer any property	to anyone, other tha	n property
				nade as security (such as the gran	iting of a security interest or r	mortgage on your pror	perty).
Do r	not include gifts and	d transfers	s that you hav	ve already listed on this statement.	,	gege en jaar proj	,,.
<b>A</b>							
U \	Yes. Fill in the deta	ils.					
				Description and value of property	The second secon	or payments received	Date transfer
				transferred	or debts paid in excha	inge	was made
	Person Who Received	Transfer					
	Number Street						
	Number Street						
	Number Street		·				
	Number Street  City	State	ZIP Code				
	City						
	City Person's relationship	to you					
	City	to you					
	City Person's relationship Person Who Received 1	to you					-
	City Person's relationship	to you					
	City Person's relationship Person Who Received 1	to you					N-MA-MAIN (MA-M-Ma-Ma-Ma-Ma-Ma-Ma-Ma-Ma-Ma-Ma-Ma-Ma-M
	City Person's relationship Person Who Received 1	to you					

Entered 03/14/17 15:39:23 Case 17-07938 Doc 1 Filed 03/14/17 Document Page 44 of 48 Ryhan Willis Debtor 1 Case number (if known)_ 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Par 180 List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Q Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution Checking XXXX-Savings Number Street ☐ Money market ☐ Brokerage City State ZIP Code Other_ Checking Name of Financial Institution ☐ Savings Money market Number Street ☐ Brokerage Other_ City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? ₩ No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? O No Name of Financial Institution ☐ Yes Number Street Number Street

City

ZIP Code

City

State

ZIP Code

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	First Name M	iddle Name La	Willis	Ça	se number (if known)	
	rustriante M	rose name La	ist Name			
Have yo	u stored proper	ty in a storage uni	t or place other than your	home within 1 yea	r before you filed for bankrup	otcy?
No No						
✓ Yes.	. Fill in the detai	is.	14H		<b>.</b>	_
			Who else has or had acc	ess to it?	Describe the contents	Do you sti have it?
						Q No
Nar	me of Storage Facilit	у	Name		•	Q Yes
<del></del>		· · · · · · · · · · · · · · · · · · ·				
Nui	mber Street		Number Street			
	<del></del>		City State ZIP Code		•	
City	у	State ZIP Code				
art 9:	identify Pro	operty You Hold	or Control for Someo	ne Else		
			someone else owns? Incl	ude any property y	ou borrowed from, are storin	g for,
or hold M No	l in trust for som	leone.				
	s. Fill in the deta	ile				
			Where is the property?		Describe the property	Value
			, , ,			
						\$
Ow	mer's Name					
			Number Street		•	
	rner's Name mber Street		Number Street	MATTER WITH THE REAL PROPERTY OF THE REAL PROPERTY	•	
			***************************************		• •	
	mber Street	State ZIP Code		State ZIP Code	· ·	
Nur	mber Street		***************************************	State ZIP Code	- -	
Nur City art 10:	mber Street y  Give Detail	s About Environ	City mental information	State ZIP Code		
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Debtor 1	Ryhan		D.	Willis	Case number (if known)	
	First Name	Middle Name	Las	t Name		
		any governme	ntal unit o	of any release of hazardous mater	rial?	
<b>Ø</b>						
Q,	Yes. Fill in the	details.				
				Governmental unit	Environmental law, if you know it	Date of notice
	Name of site			Governmental unit	-	**************************************
	Number Street		· · · · · · · · · · · · · · · · · · ·	Number Street	<u></u>	
	named offer			uminat graat		
				City State ZIP Code	_	
	City	State 2	ZIP Code			
26. Have	you been a pa	arty in any judi	cial or ac	lministrative proceeding under ar	ny environmental law? Include settlement	s and orders.
Ø.						
	res. Fill in the o	details.				
				Court or agency	Nature of the case	Status of the
,	^nen title					case
,	Case title	<del></del>		Court Name		Pending
						On appeal
_				Number Street		☐ Concluded
-		·		<u></u>		
,	ase number			City State ZIP Co	de	
		410 61				
Part 1				siness or Connections to Any		
27. With	in 4 years bero D A sole propi	re you tiled to rietor or self-oi	r bankrul moloved	otcy, did you own a business or h in a trade, profession, or other so	ave any of the following connections to a tivity, either full-time or part-time	ny business?
Ī	A member o	f a limited liab	ility com	pany (LLC) or limited liability part	nership (LLP)	
	A partner in	a partnership			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ç	An officer, d	irector, or mai	naging ex	recutive of a corporation		
C	An owner of	at least 5% of	the votir	ng or equity securities of a corpor	ation	
Z N	lo. None of the	above applies	. Go to P	art 12.		
Q Y	es. Check all t	hat apply abov	e and fill	in the details below for each bus	iness.	
				Describe the nature of the busines		
	Business Name				Do not include Social Se	curity number or ITIN.
					EIN:	-
	Number Street			Manage of the control		
				Name of accountant or bookkeepe	r Dates business existed	
					From To	
	City	State Z	IP Code			
				Describe the nature of the busines	s Employer identification n	umber
	Business Name	······································			Do not include Social Se	curity number or iTIN.
					EIN:	
	Number Street			Mamo of account of the state		· · · · · · · · · · · · · · · · · · ·
				Name of accountant or bookkeepe	r Dates business existed	
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	City	State Z	P Code		From To _	

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	Ryhan		<u>D.</u>	Willis	Case number (# known)
	First Name	Middle Name	Last N	≰ame	
					Franks in the MF of a comban
				Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
	Business Name				EIN:
	Number Street		· · · · · · · · · · · · · · · · · · ·		EIN:
				Name of accountant or bookkeeper	Dates business existed
					_
	City	State 2	IP Code		From To
insti	itutions, credito			tcy, did you give a financial stateme	nt to anyone about your business? Include all financial
22Í∧ □ Y	No Yes. Fill in the c	details below.			
				Date issued	
	Name			FILL (D.D. AVVIO)	
	14011104			MM / DD / YYYY	
	Number Street				
	***************************************				
	City	State Z	IP Code		
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I ha ans in c	2: Sign Belo ave read the answers are true a	swers on this and correct. I u	Statement understand	d that making a false statement, con	nents, and I declare under penalty of perjury that the cealing property, or obtaining money or property by frauc prisonment for up to 20 years, or both.
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Fill in this information to identify your case:		
Debtor 1 Ryhan D. First Name Middle Name	Willis Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name	Lest Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number(If known)		Check if this is an
4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	the second secon	amended filing
Official Form 106Dec		
Official Form 106Dec  Declaration About an Inc	dividual Debtor's Schedule	<b>PS</b> 12/15
If two married people are filing together, both are equal	ly responsible for supplying correct information.	
	chedules or amended schedules. Making a false statement, h a bankruptcy case can result in fines up to \$250,000, or in	
Sign Below		
Did you pay or agree to pay someone who is NOT ar	n attorney to help you fill out bankruptcy forms?	
Yes. Name of person Tania Stoxstell	Attach Bankruptcy Petition Preparer's Notice	, Declaration, and
	Signature (Official Form 119).	
Under penalty of perjury, I declare that I have read the that they are true and correct.	ne summary and schedules filed with this declaration and	
* Myon Wells		
Signature of Deptor 1	Signature of Debtor 2	
Date MM / DD / YYYY	Date MM / DD / YYYY	